\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BAKER	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
BENTON	Health Net Options Plus	Health Net Options Plus		•					\$53.00	-								
		Health Net Options Plus Rx		•					\$67.00	\$13.72	•			•			97	•
	Kaiser Foundation Health Plan of the NW	Senior Advantage - B Only							\$0.00	\$0.00							66	•
		Senior Advantage							\$76.00	\$0.00	•						66	•
		Senior Advantage II							\$215.00	\$100.60	•						66	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	Regence BlueCross BlueShield Of Oregon	Part B only							\$0.00	-								
		Preferred Choice Sixty-Five					•	igsqcup	\$72.00	-								
	Samaritan Advantage Health Plan	Preferred Choice Sixty-Five Plus The Conventional Plan					•	igsqcup	\$82.00 \$42.00	-								
	Samanian Advantage Realth Plan	The Samaritan Advantage Special Needs Plan							\$42.00 \$79.62	\$37.62							86	
		The Premier Plan	-	-	1			$\vdash \vdash$	\$79.72	\$37.72		<u> </u>		•	1	1	86	
	Secure Horizons Medicare Advantage	THE FIGHTER FIATE	-	-	1			$\vdash \vdash$	φ13.1Z	φ31.12		•		•	1	1	00	
	Plan	Secure Horizons Classic Plan							\$40.00	\$23.00	•			•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
-	Today's Option	Today's Options Basic				•			\$14.95	-								
_		Today's Options Premier				•			\$26.95	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		Type of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLACKAMAS	CareOregon Advantage	CareOregon Advantage	•						\$30.60	\$30.60			•				77	•
	Familycare Health Plans, Inc.	PremierCare Plus	•						\$30.60	\$30.60			•				89	•
	Health Net Options Plus	Premier Care	•						\$99.54 \$53.00	\$44.15		•		•			89	•
	nealth Net Options Plus	Health Net Options Plus Health Net Options Plus Rx		•	1				\$67.00	\$13.72	•			•			97	•
	Kaiser Foundation Health Plan of the																	
	NW	Senior Advantage - B Only	•						\$0.00	\$0.00			•	•	•		66	•
		Senior Advantage	•						\$76.00	\$0.00	•			•	•		66	•
		Senior Advantage II		L_	<u>L</u>	<u> </u>			\$215.00	\$100.36	•	<u></u>		•	<u></u>	<u> </u>	66	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	Providence Health Plan	Providence Medicare Extra Part B Only + RX	•						\$30.00	\$30.00							86	
		Providence Medicare Extra Plan 2	•						\$40.00	-								
		Providence Medicare Extra Plan 1	•						\$75.00	-								
		Providence Medicare Extra Plan 2 + RX	•						\$80.00	\$30.00			•				86	•
	Regence BlueCross BlueShield Of	Providence Medicare Extra Plan 1 + RX	•						\$115.00	\$30.00			•				86	•
	Oregon	First Choice Sixty-Five, Part B Only	•						\$0.00	-								
		First Choice Sixty-Five Part B Only + Rx	•						\$17.90	\$17.90	•			•			97	•
		First Choice Sixty-Five	•						\$69.00	-								
		MedAdvantage		•					\$72.00	-								
		First Choice Sixty-Five + Rx							\$87.00	\$17.90				•			97	•
		MedAdvantage + Rx							\$89.00	\$17.40			•	•			97	•
	Secure Horizons Medicare Advantage																	
	Plan	Secure Horizons Classic Plan	•						\$49.00	\$19.74	•			•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			\$0.00	-								
	S. F. S. F.	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic Today's Options Premier				· ·			\$14.95 \$26.95	-								
		UnitedHealthcare Medicare Complete				•												
	United Healthcare Insurance Company	Choice UnitedHealthcare Medicare Comp Choice		•					\$0.00	-								
		Rx UnitedHealthcare MedicareComp Essential		•					\$0.00	\$0.00	•			•			97	•
		Rx				•			\$0.00	\$0.00	•			•			97	•
		Evercare Plan DP		•					\$17.89	\$17.89	•			•			97	•
		Evercare Plan IP		•					\$30.20	\$30.20	•			•			97	•
CLATSOP	CareOregon Advantage	CareOregon Advantage	•						\$30.60	\$30.60			•				77	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
	Regence BlueCross BlueShield Of	ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	Oregon	Part B only					•		\$0.00	-								
		Preferred Choice Sixty-Five					•		\$72.00	-								
		Preferred Choice Sixty-Five Plus							\$82.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-		1						

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Type of Drug Deductible Coverage			Description									Cost				Cove	erage		Convenience
County   Continue   Plan Name   County   County   Provide   Prov				M			Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
COLUMBA   Academistry Advantage   CaseOrispon Advantage   SS0.60   \$30.60	County	Organization Name	Pian Name	нмо			Fee-for-			Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for	Generics	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
Health Nat Options Plus Rx		CareOregon Advantage	CareOregon Advantage	•											Ü	<u> </u>		77	•
Name   Senior Advantage   B Only   Senior Advantage   B Only   Senior Advantage   B Only   Senior Advantage   B Only   Senior Advantage   Senior		Health Net Options Plus			•														
NW   Senior Advantage   0 Only			Health Net Options Plus Rx		•					\$67.00	\$13.72	•			•			97	•
ODS Advantage			Senior Advantage - B Only							\$0.00	\$0.00			•				66	•
ODS Advantage			Caning Advantage							600.00	60.00							00	
DOS Advantage PPOx		ODC Advantage		•	_							<u> </u>		1	•	•		66	•
Providence Health Plan	<b>-</b>	ODS Auvantage		1				1	1			1	1	<del>                                     </del>	1	1		97	
Providence Medicare Extra Plan 1	<del>                                     </del>	Providence Health Plan		· •	<u> </u>			<b>-</b>						•	1	1		31	•
Providence Medicare Extra Plan 1 + RX	<b> </b>							<del>                                     </del>	<del>                                     </del>			1	1	1	1	<del>                                     </del>			1
Regence BlueCross BlueShield Of   First Choice Sixty-Five, Part B Only   S0.00   S17.90   S								1	1			1	1			1		86	
Regence BlueShield Of Oregon   First Choice Sixty-Five, Part B Only																		86	•
First Choice Sixty-Five				•							-								
MedAdvantage			First Choice Sixty-Five Part B Only + Rx							\$17.90	\$17.90							97	•
First Choice Sixty-Five + Rx			First Choice Sixty-Five	•						\$69.00	-								
MedAdvantage + Rx			MedAdvantage		•					\$72.00	-								
SecureHorizons Direct   SecureHorizons Direct Plan 6			First Choice Sixty-Five + Rx	•						\$87.00	\$17.90			•	•			97	•
SecureHorizons Direct Premier Plan 200   Stefling Option   Stefl					•									•	•			97	•
Sterling Option   Sterling Option		SecureHorizons Direct																	
Today's Option   Today's Options Basic																			
Today's Options Premier											1								
COOS		Today's Option							<b>_</b>							<u> </u>			
MyAdvantage   Rx   S91.00   S99.50   S39.85   S99.50   S39.85   S99.50	0000	ATDIO II - III Di					•		<b>_</b>							<u> </u>			
MyAdvantage   Rx	0008	ATRIO Health Plans												1					
MyAdvantage II Rx   S99.50   \$39.85   S30.60   MyAdvantage SNP   S99.60   \$30.60   S30.60								-	1							<u> </u>		92	
MyAdvantage SNP												1				1		92	•
ODS Advantage		+						<b>-</b>								1		92	:
ODS Advantage PPOrx   \$86.40 \$37.40   •	<b>—</b>	ODS Advantage		<u>├</u>	٠.	<b> </b>		<del>                                     </del>	+			<del>                                     </del>	1	<del>†</del>	<del>                                     </del>	<del>                                     </del>		- J2	
CROOK   Clear Choice Health Plans   Clear Choice Value Plan   S50.00 -				1				<del>                                     </del>	<del>                                     </del>			<b>†</b>	1		1	1		97	
Value Advantage   •   \$82.50 \$30.60   • • •	CROOK	Clear Choice Health Plans		•					1							1		Ŭ.	_
ODS Advantage				•							\$30.60	1		•	•	1		77	•
ODS Advantage PPOrx   •   \$86.40 \$37.40   •		ODS Advantage			•														
SecureHorizons Direct Premier Plan 200   • \$85.00 -			ODS Advantage PPOrx		•					\$86.40	\$37.40			·	<u> </u>			97	•
Today's Option		SecureHorizons Direct					•				-								
Today's Options Premier   • \$26.95   -							•				-								
CURRY         ODS Advantage         ODS Advantage PPO         \$49.00         -           Regence BlueCross BlueShield Of         •         \$86.40         \$37.40         •		Today's Option																	
ODS Advantage PPOrx         •         \$86.40         \$37.40         •           Regence BlueCross BlueShield Of							•												
Regence BlueCross BlueShield Of	CURRY	ODS Advantage																	
Oregon Part Borny • \$0.00 -					•						\$37.40			•				97	•
Preferred Choice Sixty-Five   • \$72.00 -		Готедоп						<u> </u>											
Preferred Choice Sixty-Five Plus   Preferred Choice Sixty-Five Plus   \$82.00 -			·					Ė											

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	<u> </u>			Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County DESCHUTES	Organization Name Clear Choice Health Plans	Clear Choice Value Plan	• •	PPU	PPU	Service	Pian	Pian	\$50.00	Premium*	Zero	Reduced	(\$250)	Drugs	Offliy	branus	Formulary	Offered
DESCRIPTES	Clear Choice Health Hans	Clear Choice Value Flan	•						\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60				•			77	•
		Traditional Advantage	•	1					\$106.00	\$32.44							77	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
	Ü	ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
DOUGLAS	ATRIO Health Plans	MyAdvantage I	•						\$54.00	-								
		MyAdvantage II	•						\$61.00									
		MyAdvantage I Rx	•						\$92.50	\$39.85			•	•			92	•
		MyAdvantage II Rx	•						\$99.50	\$39.85			•	•			92	•
	00	MyAdvantage SNP	•	<b>_</b>					\$99.60	\$30.60	<u> </u>		•	•			92	•
	CareSource	CareSource - SNP	•	<b>_</b>					\$30.60	\$30.60	<u> </u>		•				92	•
		CareSource	٠		<u> </u>				\$49.00 \$83.00	\$33.84		<u> </u>				<u> </u>	92	
	ODC Adventers	CareSource Plus Rx ODS Advantage PPO	٠	•	<u> </u>				\$49.00	\$33.84		<u> </u>	•			<u> </u>	92	•
	ODS Advantage	ODS Advantage PPOrx		÷					\$86.40	\$37.40	-						97	•
	Regence BlueCross BlueShield Of	ODS Advantage FFOIX		<u> </u>	1				\$60.40	\$37.40		1	•	-		1	91	•
	Oregon	Part B only					•		\$0.00	-								
		Preferred Choice Sixty-Five					•		\$72.00	-								
		Preferred Choice Sixty-Five Plus					•		\$82.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 4		<b>_</b>		•			\$25.00	-	<u> </u>							
	Otavilla a Ovalia a I	SecureHorizons Direct Premier Plan 200		<b>_</b>		•			\$85.00 \$9.00	-	<u> </u>							
CILLIAM	Sterling Option I	Sterling Option I	-	•		•			\$9.00	-								
GILLIAM	ODS Advantage	ODS Advantage PPO ODS Advantage PPOrx		<u> </u>	<u> </u>				\$86.40	- \$37.40	<u> </u>						97	•
GRANT	Clear Choice Health Plans	Clear Choice Value Plan	•	•					\$50.00	- \$37.40			•	-			97	•
GIVAIVI	Clear Choice Health Hans	Clear Choice Value Flan	•						\$80.00	-								
		Value Advantage	•		1				\$82.50	\$30.60			•				77	•
		Traditional Advantage	•						\$106.00	\$32.44			•	•			77	•
	ODS Advantage	ODS Advantage PPO							\$49.00	-								
		ODS Advantage PPOrx		•	1				\$86.40	\$37.40	1	1		1		1	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-	1							
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-	1							
	Today's Option	Today's Options Basic				•			\$14.95	-	1							
	· ·	Today's Options Premier				•			\$26.95	-			1					
HARNEY	ODS Advantage	ODS Advantage PPO		•					\$49.00	-			1					
		ODS Advantage PPOrx		•		<u></u>			\$86.40	\$37.40		<u></u>	•			<u></u>	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								. , ,	Cost	•				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HOOD RIVER	Clear Choice Health Plans	Clear Choice Value Plan	•			00.7.00			\$50.00	-	20.0	71000000	(\$200)	2.490	O.my	Brando	. c.maa.y	0.10.00
		Clear Choice Traditional Plan	•						\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60			•	•			77	•
		Traditional Advantage	•						\$106.00	\$32.44			•	•			77	•
	Health Net Options Plus	Health Net Options Plus		•					\$53.00	-								
		Health Net Options Plus Rx		•					\$67.00	\$13.72	•			•			97	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
JACKSON	CareSource	CareSource - SNP	•						\$30.60	\$30.60			•				92	•
		CareSource	•						\$49.00	-								
		CareSource Plus Rx	•						\$83.00	\$33.84			•				92	•
	Health Net Options Plus	Health Net Options Plus		•					\$69.00	-								
	000 41	Health Net Options Plus Rx		•					\$83.00	\$13.72	•			•			97	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-							07	
	Regence BlueCross BlueShield Of Oregon	ODS Advantage PPOrx  Part B only		•					\$86.40 \$0.00	\$37.40			•				97	•
		Preferred Choice Sixty-Five					•		\$72.00	-								
		Preferred Choice Sixty-Five Plus					•		\$82.00	-								
JEFFERSON	Clear Choice Health Plans	Clear Choice Value Plan	•						\$50.00	-								
		Clear Choice Traditional Plan	•						\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60			•	•			77	•
		Traditional Advantage	•						\$106.00	\$32.44			•	•			77	•
	ODS Advantage	ODS Advantage PPO	<u> </u>	•	<u> </u>				\$49.00	-		<u> </u>				<u> </u>		
	Conventionimena Direct	ODS Advantage PPOrx	-	•	1	<b>.</b> .			\$86.40	\$37.40	1	1	•			1	97	•
<u> </u>	SecureHorizons Direct	SecureHorizons Direct Plan 3		1		•			\$0.00	-				<b> </b>				
<u> </u>	Today's Option	SecureHorizons Direct Premier Plan 200 Today's Options Basic		1		•			\$85.00 \$14.95	-				<b> </b>				
	Today S Option			1					\$14.95 \$26.95					<b> </b>				
JOSEPHINE	CareSource	Today's Options Premier CareSource - SNP		-	-	•			\$26.95	\$30.60	<b>-</b>	-	•	-		-	92	•
JUSEFFIINE	Carecource	CareSource	•	-	-	-			\$49.00	\$30.60	<b>-</b>	-	•	-		-	92	•
		CareSource Plus Rx	÷	1	<del>                                     </del>	1			\$83.00	\$33.84	1	<del>                                     </del>	•	1		<del>                                     </del>	92	•
-	Health Net Options Plus	Health Net Options Plus	<u> </u>		-	-			\$69.00	\$33.84	<b>-</b>	-	•	-		-	92	•
-	ricaiii Net Options Flus	Health Net Options Plus Rx	<b>-</b>	÷	-	-			\$83.00	\$13.72		-		•		-	97	•
-	ODS Advantage	ODS Advantage PPO	l	÷	<del>                                     </del>	1			\$49.00	\$13.7Z -	+-	<del>                                     </del>		<del>-</del>		<del>                                     </del>	31	•
	ODO Advantage	ODS Advantage PPOrx	l	<u> </u>					\$86.40	\$37.40							97	
	Regence BlueCross BlueShield Of Oregon	Part B only		Ť					\$0.00	-			•				31	,
		Preferred Choice Sixty-Five							\$72.00	-								
		Preferred Choice Sixty-Five Plus							\$82.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KLAMATH	ATRIO Health Plans	MyAdvantage I	•						\$54.00	-			(4-00)					
		MyAdvantage II	•						\$61.00	-								
		MyAdvantage I Rx	٠						\$92.50	\$39.85			•	•			92	•
		MyAdvantage II Rx	•				ш		\$99.50	\$39.85			•	•			92	•
		MyAdvantage SNP	•				ш	ш'	\$99.60	\$30.60			•	•			92	•
	Clear Choice Health Plans	Clear Choice Value Plan	•				$ldsymbol{\sqcup}$		\$50.00	-								
		Clear Choice Traditional Plan	•				ш	igsquare	\$80.00	-								
		Value Advantage	•				₩	igwdapsilon	\$82.50	\$30.60	ļ		•	•			77	•
	ODS Advantage	Traditional Advantage ODS Advantage PPO	•	•	<del>                                     </del>	<del>                                     </del>	igspace	┉	\$106.00 \$49.00	\$32.44	<del>                                     </del>	<del>                                     </del>	•	•		<del> </del>	77	•
	ODS Advantage	ODS Advantage PPO ODS Advantage PPOrx	<u> </u>	•	<del>                                     </del>	<del>                                     </del>	$\vdash \vdash$	┉	\$49.00	\$37.40	<del>                                     </del>	<del>                                     </del>				<del>                                     </del>	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	l	-			$\vdash$		\$0.00	\$37.40 -			•				91	<del></del>
	Gecurer forizons Direct	SecureHorizons Direct Premier Plan 200				•	$\vdash \vdash$	$\vdash \vdash \vdash$	\$85.00	-								
	Today's Option	Today's Options Basic	l		<b>†</b>	·	$\vdash$	${f  extstyle  extstyle $	\$14.95	-	<b>†</b>	<b>†</b>				1		<del>                                     </del>
	roddy o option	Today's Options Premier				•	$\vdash$	$\vdash$	\$26.95	-								
LAKE	Clear Choice Health Plans	Clear Choice Value Plan	•				$\vdash$		\$50.00	-								
		Clear Choice Traditional Plan	•				$\Box$		\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60			•	•			77	•
		Traditional Advantage	•						\$106.00	\$32.44			•	•			77	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•	ш		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•	ш	ш!	\$85.00	-								
	Today's Option	Today's Options Basic				•	ш	igsquare	\$14.95	-								
LANE	U 10 N 10 C 10	Today's Options Premier				•	ш	igsquare	\$26.95	-								
LANE	Health Net Options Plus	Health Net Options Plus		•			₩	igwdapsilon	\$53.00	-								<b></b>
	ODS Advantage	Health Net Options Plus Rx ODS Advantage PPO		•			$\vdash \vdash$	⊢—	\$67.00 \$49.00	\$13.72	<u> </u>			•			97	•
	ODS Advantage	ODS Advantage PPOrx		-			$\vdash \vdash$	$\vdash \vdash \vdash$	\$86.40	\$37.40	1		•				97	•
		Providence Medicare Extra Part B Only +		•			$\vdash \vdash$	$\vdash \vdash \vdash$	\$60.40	\$37.40			•				31	•
	Providence Health Plan	RX	١.					1 '	\$30.00	\$30.00							86	
	Trovidence ricaiarriair	Providence Medicare Extra Plan 2	•				$\vdash$	$\vdash$	\$40.00	φου.σο -							- 00	<u> </u>
		Providence Medicare Extra Plan 1	•				$\vdash$	$\vdash$	\$78.00	-								
		Providence Medicare Extra Plan 2 + RX	•				$\Box$	$\vdash$	\$80.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 1 + RX	•				$\Box$		\$116.00	\$30.00			•				86	•
	Regence BlueCross BlueShield Of						$\Box$											
	Oregon	Part B only					•	<u> </u>	\$0.00	-								
		Preferred Choice Sixty-Five							\$72.00	-								
	Convertioning Madiente & trans-	Preferred Choice Sixty-Five Plus						$\bigsqcup^{l}$	\$82.00	-								
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan							\$30.00	-								
	Sterling Option I	Secure Horizons Classic Plan Sterling Option I	•				Ш	<u> </u>	\$40.00 \$9.00	\$23.00				•			81	•
LINCOLN	ODS Advantage	ODS Advantage PPO	1		1	•	${oldsymbol{oldsymbol{ o}}}$		\$9.00	<del></del>	1	1		1		1		<del> </del>
LINCOLIN	ODO Auvantage	ODS Advantage PPOrx	1	•	1	1	${oldsymbol{oldsymbol{ o}}}$		\$49.00 \$86.40	\$37.40	1	1	•	1		1	97	•
<b> </b>	Samaritan Advantage Health Plan	The Conventional Plan	•	<u> </u>	1	1	$\vdash \vdash$		\$42.00	\$37.40	1	1	•	1		1	31	<del></del>
-	Gamanian Auvanlage Fleditii Fidfi	The Premier Plan	÷		1	1	$\vdash \vdash$		\$79.72	\$37.72	1	•		•		1	86	<del>                                     </del>
	SecureHorizons Direct	SecureHorizons Direct Plan 3	<u> </u>		<del>                                     </del>	•	${m  o}$	$\vdash$	\$0.00	φ31.12	<del>                                     </del>	<del>                                     </del>		· ·		<del>                                     </del>	- 00	<del>                                     </del>
	CTTT. STIGHTON BIRDS	SecureHorizons Direct Premier Plan 200				•	$\vdash$	$\vdash$	\$85.00	-								
	Sterling Option I	Sterling Option I				•	$\overline{}$		\$9.00	-								
	Today's Option	Today's Options Basic				•	$\Box$		\$14.95	-								
	<u> </u>	Today's Options Premier				•	$\Box$		\$26.95	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LINN	Health Net Options Plus	Health Net Options Plus		•		00.7.00			\$53.00	-	20.0	rioddood	(\$200)	2. ago	0,	Brando	. ormanary	0.10.00
	Troditi Hot Options Flag	Health Net Options Plus Rx		-	1			$\vdash$	\$67.00	\$13.72		1		•		1	97	•
	Kaiser Foundation Health Plan of the	Trodict Teacher 1 do 1 tx			1			$\vdash$	ψ07.00	ψ10.7 <i>Z</i>	-	1					- 57	•
	NW	Senior Advantage - B Only						,	\$0.00	\$0.00							66	•
		Comer navamage 2 cmy			1			<del>                                     </del>	ψ0.00	ψ0.00		1				1	- 00	
		Senior Advantage	•					,	\$76.00	\$0.00					•		66	
					ì				4.0.00	40.00		ì						
		Senior Advantage II							\$215.00	\$100.60				•			66	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•	ì				\$86.40	\$37.40		ì	•				97	•
	Regence BlueCross BlueShield Of Oregon	Part B only							\$0.00	-								
		Preferred Choice Sixty-Five							\$72.00	-								
		Preferred Choice Sixty-Five Plus					•		\$82.00	-								
	Samaritan Advantage Health Plan	The Conventional Plan	•						\$42.00	-								
		The Samaritan Advantage Special Needs						,										
		Plan	•						\$79.62	\$37.62		•		•			86	
		The Premier Plan	•						\$79.72	\$37.72		•		•			86	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						\$30.00	-								
		Secure Horizons Classic Plan							\$40.00	\$23.00	•			•			81	•
	Sterling Option I	Sterling Option I			ļ	•			\$9.00	-		ļ				ļ		
MALHEUR	ODS Advantage	ODS Advantage PPO		•				ш	\$49.00	-								
	10 11 1 20 1	ODS Advantage PPOrx		•				ш	\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2			ļ	•		Щ	\$0.00	-		ļ				ļ		
		SecureHorizons Direct Premier Plan 200				•		ш	\$85.00	-								
	Today's Option	Today's Options Basic			ļ	•		igspace	\$14.95	-		ļ		ļ	<b> </b>	ļ		
		Today's Options Premier				•			\$26.95	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARION	CareOregon Advantage	CareOregon Advantage	•						\$30.60	\$30.60			•				77	•
	Health Net Options Plus	Health Net Options Plus		•					\$53.00	-								
		Health Net Options Plus Rx		•					\$67.00	\$13.72	•			•			97	•
	Kaiser Foundation Health Plan of the																	
	NW	Senior Advantage - B Only	•						\$0.00	\$0.00			•	•	•		66	•
		Senior Advantage	•						\$76.00	\$0.00	•			•	•		66	•
								1 1										
		Senior Advantage II						•	\$215.00	\$100.60	•			•		•	66	•
	Marion Polk Community Health Plan	Marion Polk Community HealthPlan						( )					l		l		ĺ	
	Advantage	Advantage	•					ldot	\$14.54	\$14.54			•				90	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•				ldot	\$86.40	\$37.40			•				97	•
	Providence Health Plan	Providence Medicare Extra Plan 2	•						\$40.00	-								
		Providence Medicare Extra Plan 1	•						\$78.00	-								
		Providence Medicare Extra Plan 2 + RX	•						\$80.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 1 + RX	•						\$116.00	\$30.00			•				86	•
	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five, Part B Only							\$0.00	-								
		First Choice Sixty-Five Part B Only + Rx							\$17.90	\$17.90				•			97	•
		First Choice Sixty-Five	•						\$69.00	-								
		MedAdvantage							\$72.00	-								
		First Choice Sixty-Five + Rx	•						\$87.00	\$17.90			•	•			97	•
	O Madisan Advanta	MedAdvantage + Rx							\$89.00	\$17.40			•	•			97	•
	Secure Horizons Medicare Advantage	On the state of th						ı J	640.00	640.74					l		0.4	
	Plan	Secure Horizons Classic Plan	•	1	1			$\vdash$	\$49.00	\$19.74	•	1		•		1	81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6		1	1	•		$\vdash$	\$0.00	-	<b> </b>	1		1		1		
	Otavilia a Oution I	SecureHorizons Direct Premier Plan 200		1	1	•		$\vdash$	\$85.00	-	<b> </b>	1		1		1		
	Sterling Option I	Sterling Option I		1	1	•		$\vdash$	\$9.00	-	<b> </b>	1		1		1		
	Today's Option	Today's Options Basic		<del>                                     </del>		•		$\vdash$	\$14.95	-				ļ	<u> </u>			
		Today's Options Premier		<del>                                     </del>		•		$\vdash$	\$26.95	-				ļ	<u> </u>			
	Heired Health construction	UnitedHealthcare MedicareComp Essential						ı J	60.00	60.00					l		07	
MODDOW	United Healthcare Insurance Company			1	1	•		$\vdash$	\$0.00	\$0.00	•	1		•		1	97	•
MORROW	Familycare Health Plans, Inc.	PremierCare Plus	•	<del>                                     </del>				$\vdash$	\$30.60	\$30.60			•	ļ	<u> </u>		89	•
	ODS Advantage	ODS Advantage PPO		٠				<b>─</b> ─	\$49.00	-				ļ		<u> </u>	07	
	Otavilla a Outland	ODS Advantage PPOrx		•				$\vdash$	\$86.40	\$37.40			•	ļ	<u> </u>		97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-					l			

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

MULTNOMAH CareOreg Familycar Health Ne Kaiser Fo NW  ODS Advi	regon Advantage care Health Plans, Inc.  Net Options Plus  Foundation Health Plan of the	Plan Name CareOregon Advantage PremierCare Plus Premier Care Health Net Options Plus Health Net Options Plus Rx	HMO ·	edicare i	ype of Advantage Regional PPO	Private Fee-for-	Cost		Beneficiary Total Premium*		D	rug Deduct	ible		Coverage	Additional e Offered in verage Gap		
MULTNOMAH CareOreg Familycar Health Ne Kaiser Fo NW  ODS Advi	regon Advantage care Health Plans, Inc.  Net Options Plus  Foundation Health Plan of the	CareOregon Advantage PremierCare Plus Premier Care Health Net Options Plus Health Net Options Plus Rx	•		Regional PPO	Fee-for-	Cost		Total					ļ				
MULTNOMAH CareOreg Familycar Health Ne Kaiser Fo NW  ODS Adva  Providence	regon Advantage care Health Plans, Inc.  Net Options Plus  Foundation Health Plan of the	PremierCare Plus Premier Care Health Net Options Plus Health Net Options Plus Rx	•			Service	Plan	Demo Plan	(Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
Familycar Health Ne Kaiser Fo NW  ODS Adva  Providence	care Health Plans, Inc.  Net Options Plus  Foundation Health Plan of the	PremierCare Plus Premier Care Health Net Options Plus Health Net Options Plus Rx							\$30.60	\$30.60			•				77	•
CDS Advi	Net Options Plus Foundation Health Plan of the	Health Net Options Plus Health Net Options Plus Rx	•						\$30.60	\$30.60			•			ļ ,	89	•
CDS Advi	Foundation Health Plan of the	Health Net Options Plus Rx							\$99.54	\$44.15		•		•		ļ ,	89	•
CDS Advi	Foundation Health Plan of the			•					\$53.00	-						ļ ,		
ODS Adva	Foundation Health Plan of the			•					\$67.00	\$13.72	•			•			97	•
ODS Adva																		
Providenc		Senior Advantage - B Only	•						\$0.00	\$0.00			•	•	•	<b> </b>	66	•
Providenc		Senior Advantage	•						\$76.00	\$0.00	•			•	•		66	•
Providenc		Senior Advantage II						•	\$215.00	\$100.36	•			•		•	66	•
		ODS Advantage PPO		•					\$49.00	-						<u> </u>		
		ODS Advantage PPOrx		٠					\$86.40	\$37.40			•			<u> </u>	97	•
	ence Health Plan	Providence Medicare Extra Part B Only + RX							\$30.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 2	•						\$40.00	-								ı
		Providence Medicare Extra Plan 1	•						\$75.00	-				i				ı
		Providence Medicare Extra Plan 2 + RX	•						\$80.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 1 + RX	•						\$115.00	\$30.00			•	1	ļ!	ļ!	86	•
Oregon	ce BlueCross BlueShield Of	First Choice Sixty-Five, Part B Only							\$0.00	-								
		First Choice Sixty-Five Part B Only + Rx							\$17.90	\$17.90	•				<u> </u>	<u> </u>	97	•
		First Choice Sixty-Five	•						\$69.00	-								<del> </del>
		MedAdvantage		•					\$72.00	-								<u> </u>
		First Choice Sixty-Five + Rx	•						\$87.00	\$17.90			•	•			97	•
		MedAdvantage + Rx							\$89.00	\$17.40			•	•			97	•
	Horizons Medicare Advantage													i	1 '	1 ,	1 1	1
Plan		Secure Horizons Classic Plan	•						\$49.00	\$19.74	•			•	لـــــــا	<u> </u>	81	•
SecureHo		SecureHorizons Direct Plan 6				•			\$0.00	-						<u> </u>	igspace	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-						<u> </u>	igsquare	
Sterling O		Sterling Option I				•			\$9.00	-					لـــــــا	<u> </u>	$oxed{oxed}$	
Today's C	s Option	Today's Options Basic				•			\$14.95	-						<u> </u>	igspace	
		Today's Options Premier				•			\$26.95	-					لـــــــا	<u> </u>	$oxed{oxed}$	
United He	Healthcare Insurance Company	UnitedHealthcare Medicare Complete Choice							\$0.00	_				i	1 '	1 '		İ
- Critica Fie		UnitedHealthcare Medicare Comp Choice		•					\$0.00	\$0.00							97	
		UnitedHealthcare MedicareComp Essential Rx		•					\$0.00	\$0.00							97	•
		Evercare Plan DP							\$17.89	\$17.89							97	•
		Z TOTOGRO T IGHT DI		<u> </u>	<b>-</b>													

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

includes o	eritiaete, piarie apprevea ae	Description	ulu u	000 11	01 10110	011710		garii			Cost	od pidin	3, 01 110	1		erage		Convenience
		·	M		ype of Advantage	Plan					С	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium) \$30.60	Beneficiary Drug Premium* \$30.60	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
POLK	CareOregon Advantage Health Net Options Plus	CareOregon Advantage Health Net Options Plus	•						\$53.00	\$30.60			•				77	•
	Ticalaritet Options Fids	Health Net Options Plus Rx		·					\$67.00	\$13.72	•			•			97	•
	Kaiser Foundation Health Plan of the																	
	NW	Senior Advantage - B Only	•						\$0.00	\$0.00			•	•	•		66	•
		Senior Advantage							\$76.00	\$0.00				•			66	•
	Marion Polk Community Health Plan	Senior Advantage II Marion Polk Community HealthPlan							\$215.00	\$100.60	•			•			66	•
	Advantage	Advantage	١.				1		\$14.54	\$14.54	1	1		1			90	
	ODS Advantage	ODS Advantage PPO		•			t		\$49.00	φ14.54 -	1	1		1			30	
		ODS Advantage PPOrx		•			L	L	\$86.40	\$37.40			•	İ			97	•
	Providence Health Plan	Providence Medicare Extra Plan 2	•						\$40.00	-								
		Providence Medicare Extra Plan 1	•						\$78.00	-								
		Providence Medicare Extra Plan 2 + RX	•						\$80.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 1 + RX	•						\$116.00	\$30.00			•				86	•
	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five, Part B Only	•						\$0.00	-								
		First Choice Sixty-Five Part B Only + Rx	•						\$17.90	\$17.90	•			•			97	•
		First Choice Sixty-Five	•						\$69.00	-								
		MedAdvantage		•					\$72.00	-								
		First Choice Sixty-Five + Rx	•						\$87.00	\$17.90			•	•			97	•
	O	MedAdvantage + Rx		•			<u> </u>		\$89.00	\$17.40	<u> </u>		•	•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan							\$49.00	\$19.74							81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6 SecureHorizons Direct Premier Plan 200		-		•	-		\$0.00 \$85.00									
	Sterling Option I	Sterling Option I				-	1		\$9.00	-								
	Today's Option	Today's Options Basic				<b>-</b> :-	1		\$14.95	-								
	roddy o opiion	Today's Options Premier UnitedHealthcare MedicareComp Essential				•			\$26.95	-								
L		Rx	<u> </u>	<u></u>		•		<u></u>	\$0.00	\$0.00	•	<u> </u>		•	<u></u>	<u></u>	97	•
SHERMAN	Clear Choice Health Plans	Clear Choice Value Plan	•						\$50.00	-								
		Clear Choice Traditional Plan	•	<u> </u>		<u> </u>			\$80.00	-	<u> </u>	<u> </u>						
		Value Advantage	•	<b>_</b>		<b></b>	<u> </u>		\$82.50	\$30.60	ļ	ļ	•	•			77	•
	ODS Advantage	Traditional Advantage ODS Advantage PPO	٠			<b>}</b>	<b>-</b>	-	\$106.00 \$49.00	\$32.44	1	1	•	•			77	•
-	ODS Advantage	ODS Advantage PPO ODS Advantage PPOrx	-	•		-	-		\$49.00 \$86.40	- \$37.40	1	1	•	<b> </b>			97	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	1	•			1	1	\$0.00	\$37.40	1	1	•			1	91	•
<b> </b>	SSSGIGITOTIZOTIS DITECT	SecureHorizons Direct Premier Plan 200	1	<del>                                     </del>		<del>  :</del>	<del>                                     </del>	<b> </b>	\$85.00	-	<del>                                     </del>	+		<del>                                     </del>				
	Today's Option	Today's Options Basic				•			\$14.95	-	<b>†</b>	1		1				
		Today's Options Premier				•	<b>1</b>		\$26.95	-				İ				
TILLAMOOK	ODS Advantage	ODS Advantage PPO	<u></u>	•					\$49.00	-								
	Regence BlueCross BlueShield Of	ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	Oregon	Part B only					•		\$0.00	-								
		Preferred Choice Sixty-Five					•		\$72.00	-								
-	Otadia a Ontina I	Preferred Choice Sixty-Five Plus	<b></b>				•		\$82.00	-	<del>                                     </del>	<b></b>		ļ				
	Sterling Option I	Sterling Option I	l	<u> </u>		•	<u> </u>		\$9.00	-	<u> </u>	<u> </u>						

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
UMATILLA	Familycare Health Plans, Inc.	PremierCare Plus	•						\$30.60	\$30.60			•		- /		89	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
	,	ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		·	\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I			Ĭ	•			\$9.00	-								
	Today's Option	Today's Options Basic			Ĭ	•			\$14.95	-								
		Today's Options Premier			Ĭ	•			\$26.95	-								
UNION	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
WALLOWA	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
WASCO	Clear Choice Health Plans	Clear Choice Value Plan	•						\$50.00	-								
		Clear Choice Traditional Plan	•						\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60			•	•			77	•
		Traditional Advantage	•					<u> </u>	\$106.00	\$32.44			•	•			77	•
	ODS Advantage	ODS Advantage PPO		٠				<u> </u>	\$49.00	-				ļ			ļ	<u>'</u>
		ODS Advantage PPOrx	ļ	•	ļ	ļ		<u> </u>	\$86.40	\$37.40	<b></b>	1	•	ļ	<b> </b>	ļ	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	ļ	ļ		•		<u> </u>	\$0.00	-			ļ			ļ		<u>'</u>
		SecureHorizons Direct Premier Plan 200	ļ	ļ		•		<u> </u>	\$85.00	-								<b></b>
	Today's Option	Today's Options Basic	ļ	ļ		•		<u> </u>	\$14.95	-								<b></b>
		Today's Options Premier			l	•			\$26.95	-	l				<u> </u>			

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			Me	T edicare	ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County WASHINGTON	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WASHINGTON	CareOregon Advantage Health Net Options Plus	CareOregon Advantage Health Net Options Plus	•						\$30.60 \$53.00	\$30.60			•				77	•
	Health Net Options Hus	Health Net Options Plus Rx		•					\$67.00	\$13.72	•	1		•			97	•
	Kaiser Foundation Health Plan of the	Ticaliti Net Options Flas Itx					1		ψ07.00	ψ10.7 <i>E</i>				•			- 01	
	NW	Senior Advantage - B Only	•						\$0.00	\$0.00			•	•	•		66	•
		Senior Advantage	•						\$76.00	\$0.00	•			•	•		66	•
		Senior Advantage II							\$215.00	\$100.36				•		•	66	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•	<b> </b>	<b> </b>	<u> </u>		\$86.40	\$37.40	<b> </b>	<b> </b>	•		ļ		97	•
	Providence Health Plan	Providence Medicare Extra Part B Only + RX	•						\$30.00	\$30.00			•				86	
		Providence Medicare Extra Plan 2	•						\$40.00	-								
		Providence Medicare Extra Plan 1	٠						\$75.00	-								
		Providence Medicare Extra Plan 2 + RX	٠						\$80.00	\$30.00			•				86	•
		Providence Medicare Extra Plan 1 + RX	٠						\$115.00	\$30.00			•				86	•
	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five, Part B Only	•						\$0.00	-								
		First Choice Sixty-Five Part B Only + Rx	•						\$17.90	\$17.90				•			97	•
		First Choice Sixty-Five	•						\$69.00	-								
		MedAdvantage							\$72.00	-								
		First Choice Sixty-Five + Rx							\$87.00	\$17.90			•	•			97	•
		MedAdvantage + Rx							\$89.00	\$17.40			•	•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan							\$49.00	\$19.74				•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
	1	Today's Options Premier			<b> </b>	•	<b>!</b>		\$26.95	-	<b> </b>	<b> </b>			<b> </b>			
	United Healthcare Insurance Company	UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx		•					\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare MedicareComp Essential Rx							\$0.00	\$0.00				•			97	•
		Evercare Plan DP							\$17.89	\$17.89				•			97	•
		Evercare Plan IP							\$30.20	\$30.20							97	
WHEELER	Clear Choice Health Plans	Clear Choice Value Plan	•						\$50.00	-								
		Clear Choice Traditional Plan	٠						\$80.00	-								
		Value Advantage	•						\$82.50	\$30.60			•	•			77	•
		Traditional Advantage	•						\$106.00	\$32.44			•	•			77	•
	ODS Advantage	ODS Advantage PPO		•					\$49.00	-								
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	Description										Cost						Coverage			
County	Organization Name	Plan Name	Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap					
			нмо					Cost Demo Plan Plan		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered		
YAMHILL	Health Net Options Plus	Health Net Options Plus		•					\$53.00	-										
		Health Net Options Plus Rx		•	1				\$67.00	\$13.72	•			•			97	•		
	Kaiser Foundation Health Plan of the NW	Senior Advantage - B Only							\$0.00	\$0.00			•				66	•		
		Senior Advantage							\$76.00	\$0.00	•						66	•		
		Senior Advantage II							\$215.00	\$100.60							66	•		
	ODS Advantage	ODS Advantage PPO		•					\$49.00											
		ODS Advantage PPOrx		•					\$86.40	\$37.40			•				97	•		
	Providence Health Plan	Providence Medicare Extra Plan 2	•						\$40.00	-										
		Providence Medicare Extra Plan 1	•						\$75.00											
		Providence Medicare Extra Plan 2 + RX	•						\$80.00	\$30.00			•				86	•		
	D	Providence Medicare Extra Plan 1 + RX	•						\$115.00	\$30.00			•				86	•		
	Regence BlueCross BlueShield Of Oregon	Part B only					•		\$0.00	-										
		MedAdvantage		•					\$72.00	-										
		Preferred Choice Sixty-Five					•		\$72.00	-										
		Preferred Choice Sixty-Five Plus					•		\$82.00	-										
		MedAdvantage + Rx		•					\$89.00	\$17.40							97	•		
	Sterling Option I	Sterling Option I	1		1	•			\$9.00	-								-		